

NEW BEGINNINGS . . .

a newsletter dedicated to the pregnant family.

No. 6

Weeks 36-40 of Pregnancy (Labor and Delivery)

Congratulations! You have been on a long journey, and the end is in sight. Stop and think of the many changes that have taken place both physically and emotionally. You are about to experience another fantastic journey... the birth of your child.

Physical Changes and Concerns

Before Delivery

Perineal pressure and pain

(your perineum is the area between your vagina and rectum). Caused by:

- · increased blood supply to the perineum
- constipation

Comfort Measures

- lie on your side
- · elevate hips on pillows
- · if constipated drink more water and juice

Pubic Pain

Caused by:

- · softening of pubic joints
- muscle strain

Comfort Measures

- correct posture
- avoid activities that need skillful balance and coordination

Numbness and Tingling of Fingers and Toes

No specific cause known.

Comfort Measures

- · remove rings and tight jewelry
- exercise
- · correct posture
- · maintain well balanced diet
- you may have to get used to a little numbness or tingling

After Delivery

Afterpains or uterine cramping Caused by:

- the release of the hormone oxytocin. It is responsible for uterine contractions. It also causes the release of milk into the milk ducts.
- Cramping may be stronger in women who have had babies before or are breastfeeding

Comfort Measures

- afterpains are normal
- lie flat on your tummy as often as possible
- · empty your bladder frequently

- · use your relaxation and breathing exercises
- place a warm blanket on your tummy
- ask for a pain medication 30 minutes before breastfeeding and as necessary

Breastcare

- wear a good support bra 24 hours a day, whether you are breastfeeding or not
- no plastic shields
- no soap

Episiotomy Pain

An episiotomy is a surgical incision in the perineum to enlarge the vaginal opening. Many times women expect the pain of labor, but are surprised to have a tugging, sharp pain in the perineal area after delivery. The pain is caused by the stitches used to repair the incision. These stitches will dissolve after healing is completed. Don't worry! They do not need to be removed!

Emotional Changes

Before Delivery

Late in pregnancy, as your due date gets closer, feelings change once more. You move from anticipation and planning to wanting to "get this pregnancy over."

Tension can also come from concern over "a safe passage" through labor and delivery for you and your baby. Many women also express fear of the pain of delivery. They also worry about how they will act during labor. The ability to handle discomfort and stress depends on how you view the situation. Support from loved ones is helpful. Childbirth classes help decrease the fear of the unknown. They give you tools to cope with labor and delivery.

After Delivery

After delivery, certain reactions occur. Two phases of behavior are usually seen. During the first few days after delivery, sleep and food are a mother's primary need. Another need is to review the details of her labor and delivery. This helps her to pull the whole event together. The need to depend on someone during this period is normal. The new mother should allow help from those around her to meet these needs. A new mother's needs must be met before she can meet the needs of her infant.

In the second phase, a new mother is much more independent. She takes a more active part in caring for herself and her baby. She is now starting to take charge of herself and her baby.

These phases are as important for the mother who has had a cesarean birth. The need to talk about the delivery is still there. If you have questions, or if there are "gaps" in your memory, ask those who were there to provide information.

Some women who have had cesarean deliveries may feel cheated. They feel they have missed an important experience. Talk about your delivery experience with family, frieds, and the nursing staff.

Going to the Hospital

Some mothers (and fathers) are so nervous at home that going to the hospital early in labor helps them to relax. Others feel more comfortable at home during the early hours of labor. Keep your health care provider informed. If your water breaks, go right to the hospital.

Physical Activity

Before Delivery

Travel

If you are planning a trip, make sure you have medical care available at your destination. If you travel by car, stop every two hours. Walk around for ten minutes. Remember to wear your seat belt! Seat belts should be worn low under the abdomen and should not fit tight.

Labor

During labor, walking may increase your comfort and reduce the need for medication. It may also shorten your labor. There may be some restrictions. Check with your nurse.

Birth Options

Discuss with your health care provider the options that are available to you during the birth of your baby. Make sure your coach knows what is important to you. Your coach can step in for you and make your wishes known.

Questions you may want to discuss:

- What type of birth setting is available? (traditional delivery room, birthing room, birthing chair)
- Who is allowed in the labor/delivery room? (father, other children, family, other support persons)
- What choice do I have with the use of medications during labor and delivery? (type, time, and frequency)
- If I have a cesarean birth, is the father/coach allowed in the delivery room?
- How much time do we get to spend with the baby after delivery before he/she goes to the nursery?
- If I choose to breastfeed, how soon after delivery can I nurse my baby?

These questions help form your birth plan. Sometimes medical reasons may require a change in your birth plan. You need to remain flexible.

Make a point to visit the labor and delivery unit where you plan to deliver. If you are not touring the unit with a childbirth education class, call ahead and make an appointment.

Family Relationships

After Delivery

How parents feel and act toward their newborn is determined by many things. Factors include past experiences, personalities, and environment. The adjustment to the new baby is usually positive if the parent's relationship is positive. If problems exist between the couple, sometimes positive feelings for the baby are delayed.

Sibling Visits

Hospital visits are one way to include new brothers and sisters in the changes taking place. These visits are helpful to the children as well as the mother. The children feel they are a part of the birth experience. It also decreases some anxiety they may have about their mother. These early visits may be a major factor in preventing sibling rivalry.



Differences Between True and False Labor

True Labor

- Contractions become:
 - a) longer
 - b) stronger
 - c) closer together
- Not affected by a change in position or activity level.
- May have bloody show a small amount of slightly bloodtinged mucous (not a flow or trickle of red blood).
- May have a rupturing of membranes (breaking of bag of waters) – may be a gush or a continuous trickle of clear, odorless fluid.

False Labor

- Contractions characteristics:
 - a) irriegular and regular*
 - b) intensity does not increase
 - c) may actually get farther apart or stay the same
 - d) may decrease or stop with change in position or activity level
 - * Contractions during false labor **can** be very regular. The regularity of contractions can sometimes confuse parents. The key is to determine if the contractions are also getting longer, stronger and closer together.

Don't worry if you cannot tell the difference. Call your health care provider. Let them help you decide what to do.

NEW BEGINNINGS...

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Sexuality

Many couples worry about when it is safe to resume sexual intercourse. Advice varies. Usually, it is safe to resume intercourse after the flow has stopped and the episiotomy has healed. This usually takes about 2-3 weeks.

Comfort of the mother is vital. It is important to realize there will be changes in the woman's response to love making. This is due to increased hormone levels. It may also be due to fatigue. Discussion between the partners is a key factor during this time. Talk with your health care provider and partner about birth control. It is best to do this before leaving the hospital. Breastfeeding is **not** a method of birth control. You **can** become pregnant while breastfeeding even if you haven't had a period.

Mothers who are breastfeeding may feel "turned on" while their infant is nursing at the breast. This response is caused by hormones. It is a physical response. It need not produce feeling of guilt or shame.





The presence of someone who cares about you during labor and delivery can be a great comfort to you. This person can be your husband or any other caring person (friend, mother, sister).

Your chosen support person will be present to offer encouragement . . . help you stay relaxed . . . comfort you . . . assure you that you are not alone . . . and share your joy at the birth.

Your New Baby

Newborn infants have several basic needs. These include the need for food, warmth, cleanliness and love. Basic care for your infant includes feeding, bathing, and diapering. Don't overlook the need for being held, cuddled, talked to, and played with. Caring for your infant without talking or stroking is the same as not being with him/her at all. They find comfort in your touch, your voice, and your face. This will help to build a lasting, trusting relationship between you and your child.

Circumcision

If you have a boy, you will need to decide if you want to have him circumcised. Circumcision is the removal of the foreskin from the tip of the penis. There are certain religions in which circumcision is a tradition. The American Academy of Pediatrics has stated that there are medical benefits as well as risks. Discuss circumcision with your health care provider. Make an informed decision.

